

Home Modification Loan Program (HMLP)

Application Guide

Thank you for your interest in the Home Modification Loan Program. This is a loan program, providing funds for individuals and families to modify their homes for a household member of any age with a professionally documented limitation or disability. The HMLP lends from \$1,000 to \$30,000 secured by a promissory note and mortgage that is recorded as a lien on the property.

Please read the enclosed Frequently Asked Questions, and Brochure carefully before completing this application.

Additionally, please refer to the checklist with this application to make sure your application is complete. If you have any questions, or need assistance completing any part of the application, please do not hesitate to contact your Provider Agency.

- **All of the information and documents required as part of this application are necessary for HMLP Provider Agencies to determine home modification project and loan product eligibility.**
- ***This is not a home repair, septic or heating system replacement program.*** The modifications made to the home must relate to the beneficiary's ability to function on a daily basis.
- **Income guidelines for eligibility** are shown on the enclosed Frequently Asked Questions sheet.
- **If you are an employee or a relative of an employee of the Provider Agency**, who sent you this application, call your local Provider Agency to be assigned to another Provider Agency.
- **Reasonable accommodations** will be provided as needed by the Provider Agency to assist in completion of the application. If you need any assistance with the application please let your Provider Agency know how they can be of assistance.

Home Modification Loan Program

Provider Agencies

Your completed application should be sent directly to the agency serving your community. If you are unsure of where to send your application, please visit our website where you can search by city/town to determine which agency serves your community or call MRC at 617-204-3739

Western, MA

HAP, Inc

322 Main Street
Springfield, MA 01105
Contact: Marta Alvarez
413-233-1615

malvarez@haphousing.org

*Serving: Agawam, Chicopee, Holyoke, Northampton, Springfield, West
Springfield and Westfield*

Pioneer Valley Planning Commission (PVPC)

60 Congress Street
Springfield, MA 01104
Contact: Shirley Stephens
413-781-6045

sstephens@pvpc.org

Serving: all other Western MA communities

Central, MA

RCAP Solutions Financial Services, Inc

12 East Worcester Street
Worcester, MA 01604
Contact: Renee Perdicaro
978-630-6725

rperdicaro@rcapsolutions.org

Northeast/North Shore, MA

Community Teamwork, Inc (CTI)

155 Merrimack Street
Lowell, MA 01852
Contact: Alan Trebat
978-654-5741

atrebat@comteam.org

Metrowest, MA

South Middlesex Opportunity Council (SMOC)

7 Bishop Street
Framingham, MA 01702
Contact: Susan Aaron
508-620-2682
saaron@smoc.org

Southeastern, MA/Cape/Islands

South Middlesex Opportunity Council (SMOC)

HMLP-SMOC
P.O. Box 309
Buzzards Bay, MA 02532
Contact: Amy Allen
508-202-5919
aallen@smoc.org

Metropolitan Boston

Metropolitan Boston Housing Partnership (MBHP)

125 Lincoln Street
Boston, MA 02111
Contact: Jennifer Shaw
617-425-6637
Jennifer.shaw@mbhp.org

Home Modification Loan Program

Application Checklist

Applicant Name: _____

Your signed application, including each of the sections listed below, and the required application documents should be mailed directly to the provider agency serving your community.

Sections of the Application:

- ☐ **Applicant or Homeowner Information (page 5)**
- ☐ **Household Income Information (page 6)**
- ☐ **Beneficiary Information and Home Modification Project Information (page 7)**
- ☐ **Documentation of Need from Professional Form (page 8)** *(To be filled out by your selected professional)*
- ☐ **Release of Information Form (page 9)**
- ☐ **Property Information (page 10)**
- ☐ **Signed PENALTY FOR FALSE OR FRAUDULENT STATEMENT (page 11)**
- ☐ **Landlord Form** (if applicable, ask your provider agency for a copy)

Required Application Documentation:

- ☐ **Proof you are up-to-date on real estate taxes** (a letter from your town, or an escrow account statement from your mortgage holder)
- ☐ **MA Income Tax Return** (or proof you are up-to-date on your state income taxes) (If taxes were owed, you must include proof of payment)
- ☐ **Household Income Documentation** (state or federal tax returns, benefit statements, 1099, W-2s or current paystubs) **note in most cases providing a copy of your state income taxes satisfies both income documentation and proof you up to date on state income taxes.*
- ☐ **Copy of the Deed for Property to be modified**
- ☐ **HMLP Bid Form and Scope of Work** (to be completed by your selected contractor)
- ☐ For projects over \$30,000 (the program loan max.), proof of funds to complete the project (personal funds, lines of credit or loans, grants, gifts)
- ☐ Trust, Power of Attorney or Deed Rider documents, if applicable

Home Modification Loan Program Application

Applicant or Homeowner Information

The applicant is the individual or individuals who own the property to be modified. Landlord applicants must complete a *Landlord Form*, please ask your provider agency for a copy.

Please Print Clearly

Name (Last, First, MI): _____

Mailing address: _____
Number Street Unit #
City State Zip Code

Telephone: Home: _____ Work and/or Cell: _____

Fax: _____ TTY/TTD: _____ E-Mail: _____

Address of Property to be Modified (if different from above):

Number Street Unit #
City State Zip Code

Is any person listed in this application (including all property owners or beneficiary) an employee or a relative of an employee of the Provider Agency administering the Home Modification Loan Program?

Yes ☐ No ☐

Ethnic Background (Optional)

a. Native American ☐ b. White ☐ c. Hispanic ☐ d. Black ☐ e. Asian ☐ f. Other _____

How Did You Learn About the Home Modification Loan Program?

- ☐ Internet Search ☐ Radio/TV/Print Advertisement ☐ Informational Poster
☐ Friend or Relative ☐ Senior Center/Council on Aging ☐ Independent Living Center
☐ Community or Housing Organization ☐ Municipal Office ☐ Regional MRC office
☐ Other State Agency (DDS, DPH, DMH, MCB, MCDHH) ☐ Disability Organization
☐ Healthcare Agency (home health, skilled nursing facility, doctor's office or hospital) ☐ contractor
Other _____

Income Information

Applicant or Homeowner Name: _____

☐ If Applicant is a landlord renting to a family member, list all individuals in both the beneficiary's household and the property owner's household.

☐ If Applicant is a landlord renting to a non-family member, list all individuals in the tenant's household.

Please list all persons in household (attach additional sheet if needed):

1. NAME _____ Date of Birth _____ SOCIAL SECURITY NO. _____

Insurance: Private ☐ Medicare ☐ Medicaid ☐ None ☐

2. NAME _____ Date of Birth _____ SOCIAL SECURITY NO. _____

Insurance: Private ☐ Medicare ☐ Medicaid ☐ None ☐

3. NAME _____ Date of Birth _____ SOCIAL SECURITY NO. _____

Insurance: Private ☐ Medicare ☐ Medicaid ☐ None ☐

4. NAME _____ Date of Birth _____ SOCIAL SECURITY NO. _____

Insurance: Private ☐ Medicare ☐ Medicaid ☐ None ☐

5. NAME _____ Date of Birth _____ SOCIAL SECURITY NO. _____

Insurance: Private ☐ Medicare ☐ Medicaid ☐ None ☐

Indicate in the table below all income for each individual in the household listed above.

Name (# From above)	Source of Income	Documentation	Income/Month	Income/Week	Annualized

For Provider Use Only:

Total # Persons in Household: _____ **Total Annual Household Income:** \$ _____

20__ Income Limit for family size listed above: \$ _____ ☐ 100% ☐ 200%

Loan Product Eligibility: ☐ 0% ☐ 3%

Verified By: _____ Date: _____

Beneficiary Information

The beneficiary is the individual(s) in the household with the professionally documented limitation(s) and the person(s) who will benefit from the modifications (if additional space is needed, please include on a separate sheet):

(1) Name: _____ Age: _____
 Last First MI
 Relationship to Homeowner/Landlord (i.e. child, niece, brother, friend, tenant): _____
 Is the property listed above the Primary Permanent Address of this person: ____ yes ____ no

(2) Name: _____ Age: _____
Last First MI
Relationship to Homeowner/Landlord (i.e. child, niece, brother, friend, tenant): _____
Is the property listed above the Primary Permanent Address of this person: ____ yes ____ no

Home Modification Project

Explain your need for home modifications as it relates to the individual(s) with a documented limitation(s) in your household. Attach additional pages as needed. Include an *estimated* amount of the cost of the project if possible. Please provide as much detail as possible.

[illegible]

Estimated Cost (if available) \$ _____

If the project exceeds \$30,000, you must provide evidence of other funds to complete your home modification project. The HMLP loan will be disbursed only *after* all other funds have been used. If your other funding source(s) have this same requirement, please contact your provider agency. Documentation of this funding will be required prior to completing the loan process.

Documentation of Need from Professional

Please have your chosen professional complete the form on the next page. This person must be someone whom the beneficiary has a professional relationship, such as a doctor, physical therapist, occupational therapist, social worker, case manager, or other relevant professional. Please consider the expertise of the professional carefully when selecting the individual, if the documentation provided is inadequate or insufficient, additional information will be required.

DOCUMENTATION OF NEED FROM PROFESSIONAL FORM

Please have your selected professional complete and sign this form.

The Home Modification Loan Program provides funding for necessary home modifications or adaptations which are required because the individual's ability to function on a daily basis is limited by the configuration of their home. When completing this form, please be SPECIFIC and identify the functional aspects of the individual's limitation(s) that directly relates to a need for improved accessibility and/or safety.

1. Name of Individual: _____ Age: _____

2. What is the individual's primary impairment? _____

What is the individual's secondary impairment? _____

List any additional impairments _____

3. What types of functional limitations does the individual's impairment(s) involve? (Please check all that apply):

- ☐ Mobility (uses wheelchair)
- ☐ Mobility (uses walker/other mobility device)
- ☐ Mobility (currently uses no mobility device)
- ☐ Dexterity
- ☐ Difficulty breathing/shortness of breath
- ☐ Emotional or behavioral

- ☐ Sensory
 - ☐ Sight
 - ☐ Hearing
 - ☐ Chemical sensitivity
- ☐ Developmental
- ☐ Cognitive
- ☐ Limited safety awareness

☐ Other – Please specify _____

4. List the necessary permanent home modifications or the changes to the current configuration of the home which directly relate to improving the individual's day-to-day function or will allow the person to live independently in the community. *For example, Sally has gait issues and is unable to safely get in and out of her current shower. She would benefit from a barrier-free shower.*

Signature of Professional

Print Name

Phone #

Mailing Address

Release of Information

I hereby give authorization to _____ (*Provider Agency*) to make inquiries for the Home Modification Loan Program as needed regarding information and documentation supplied by me to verify:

_____ Household income

_____ Unsafe conditions noted at time of inspection

_____ My need for modifications as documented by _____, (*a professional with whom I have a client history*)

Address of the residence to be modified is:

Number	street	city/town	zip
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Phone	e-mail
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This information is in regard to my request for a Home Modification Loan.

Signature: _____ Date _____
(*Please print.*)

This authorization is valid until my loan has been closed and all modification work completed.

Property Information

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that the following is true of the property to be modified under this program at

_____,
Address

_____,
Town

Zip

1. Type of property:

☐ Single Family ☐ Multi-family ☐ Mobile Home ☐ Manufactured prior to 1978 ☐ Condominium

If multi-family: number of units: _____ How many units are occupied? _____

2. Owner(s) of record of the property to be modified: (those listed on the property's deed)

1. _____ 2. _____

3. _____ 4. _____

You must include a copy of your property's deed with your application. *If you need help obtaining a copy of your deed, please contact your Provider Agency for assistance.*

Please verify by Book: _____ Page: _____ of deed at the Registry of Deeds in the County of Residence.

3. Lead Paint Verification I understand that it is my responsibility to comply with all applicable laws and regulations regarding the presence of lead paint in my home. The provider agency and HMLP are not responsible for lead paint abatement in my home.

YES

NO

☐ ☐ (1) The home was built before 1978.

☐ ☐ (2) The property is subject to an emergency lead management plan and letter of interim control.

4. Historic Certification

☐ My property is **NOT** listed in, or located within or near another home or historic district listed in the Historic Register.

☐ My property **IS** listed in, or located within or near another home or historic district listed in the Historic Register

5. If your home is owned by a **Trust**, please attach the Declaration of Trust and Schedule of Beneficiaries (please note there are additional recording fees; please ask your provider agency for more information).

6. If you or the beneficiary has a **Power of Attorney**, please attach (please note, there are additional recording fees, please ask your provider agency for more information).

7. If your property has a **Deed Rider** or affordability restriction through your town or state (example an LIP unit or 40B project), please attach.

8. Are you currently filing or planning on filing for **bankruptcy**? ☐ Yes ☐ No

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

The applicant(s) certifies that all information provided herein, and all information in support of this application, is given for the purpose of obtaining assistance from the Home Modification Loan Program.

I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief.

I hereby consent to the verification of any information given in this application. I understand that the information will be used to determine eligibility for this program and is subject to the requirements of HMLP Program Guidelines. The applicant(s) agree(s) to abide by the HMLP requirements in connection with any assistance received pursuant to this application.

I understand that HMLP may deny my application if I am currently filing for bankruptcy and/or have a bankruptcy case pending. I will notify the Provider Agency of any current, pending or future bankruptcy or foreclosure action against me.

All information generated as a part of this program is confidential between the program applicants and program administrators.

Signature(s) of Property Owner/Borrowers: *The signatories below acknowledge that this document is signed under pains of penalties and perjury.*

All persons listed on the deed must sign below.

Signature:

Date:
